

TO THE EDITOR, *British Journal of Venereal Diseases*

Coagglutination identification of *Neisseria gonorrhoeae*

Sir,
We have recently had the opportunity of evaluating two coagglutination tests for the identification of *Neisseria gonorrhoeae*. The Phadebact kit uses a conventional polyclonal antibody while the Gono Gen system uses monoclonal antibodies directed against gonococcal outer membrane protein I.

The table shows the results obtained using the two kits to test strains isolated in the diagnostic laboratory. A further 26 penicillinase producing *N. gonorrhoeae* (PPNG) and six *N. lactamica* strains from our collection were also tested. The Gono Gen reagent identified all the PPNG correctly and showed no cross reactions with *N. lactamica* strains. Phadebact failed to identify 4 PPNG and gave a cross reaction

with one *N. lactamica* isolate. In general the Gono Gen reactions were more clear and easy to read after one minute than Phadebact reactions were after three minutes. Gonococci must be boiled before testing with either kit. Since completing this comparison we have used Gono Gen extensively in the diagnostic laboratory and obtained complete agreement with carbohydrate utilisation tests.

The success of this monoclonal antibody as a diagnostic bacteriological reagent is important because of the doubts that have

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been expressed about the diagnostic sensitivity of these highly specific reagents. The price of the monoclonal reagent is no higher than that of the polyclonal one.

Yours faithfully,
S Kessock Philip
C A Ison
C S F Easmon

Department of Bacteriology,
St Mary's Hospital Medical School,
Wright-Fleming Institute,
London W2 1PG

TABLE *Carbohydrate and immunological identification of neisserial isolates*

Organism	Beta lactamase producing	Identification using:		
		Carbohydrate tests	Phadebact*	Gono Gen
<i>N. gonorrhoeae</i>	No	50	43	48
<i>N. gonorrhoeae</i>	Yes	8	7	8
<i>N. meningitidis</i>	No	24	0	0
<i>N. lactamica</i>	No	3	0	0

* Results after three minutes' mixing.

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Calling patients by name or number in STD clinics

Sir,
One of the advantages of attending the recent conference for junior staff in venereology (Oxford, April 1983) was learning of different procedures in various clinics. I was particularly interested to hear that in some clinics patients are invariably called in by name, rather than by their clinic number which is the normal practice in our clinic. Using names may well promote a better relationship between patient and doctor, and one cannot deny the emotional coldness of using numbers. One can, however, use the patient's name in the

privacy of the consulting room, and I wondered whether the often quoted "dehumanising" effect of using numbers affected the doctor rather than the patient.

I therefore carried out a small study of this problem within the confines of our clinic. Patients attending the clinic were always called by the doctor into his or her room by their clinic number. When they left the clinic the receptionist asked them "When the doctor calls you into the consulting room, would you prefer to be called by your name or by your number?" The following figures were obtained. Of 296 patients included in the study, 186 (62.8%) preferred to be called in by number and 110 (37.2%) by their name. This ratio was very closely maintained on analysis of patient information such as sex, marital status, age, new patient or reattender, and even coded diagnosis (the D group (those with no

proved STD) preferred numbers to name in the ratio of 67:33). Parity between numbers and names was most closely found in men and women aged 19 and under, where the ratio was 57:43 in favour of numbers.

These figures contain the obvious bias that patients have a tendency to follow the current practice in a clinic, in this case tending to make them favour numbers. I still feel, however, they indicate that anonymity may still be the paramount consideration for a substantial number of people attending STD clinics. It would be interesting to learn whether this preference is repeated in other clinics.

Yours faithfully,
C Jones,

Cardiff Royal Infirmary,
Newport Road,
Cardiff

Book review

Practice of psychosexual medicine. Edited by Katherine Draper, 1983. John Libbey, London. Pp 257. Price £14.95.

This reasonably priced, well bound hard back is a selection of papers presented at the First International Conference on Psychosexual Medicine held in July 1982 at Brighton and other recent papers presented

to the Institute of Psychosexual Medicine (IPM).

In 1958 doctors seeing women in the Family Planning Association (FPA) clinics with sexual problems started to be supervised by Michael Balint using his form of patient management. The IPM was finally formed from this expanding group in 1974. Its aims and functions are described

throughout the book, but particularly in the appendix. The IPM now trains and accredits doctors in psychosexual treatment of patients without severe psychiatric illness or personality disorders—that is, where the main problem is psychosexual. The book describes patients in three main settings, family planning clinics, general practice, and obstetric and gynaecology hospitals

departments. Treatment includes the doctor understanding her own as well as the patient's feelings, and conveying this appropriately to the patient. Supervision seminars in groups explore these feelings.

The book is attractively set out, easy to read, and has a wealth of interesting case histories, although there are a number of annoying printing errors. It has three main sections, entitled training and technique, findings with patients (with various psychosexual complaints), and other settings (mostly family planning or obstetrics and gynaecology). The appendix is rather untidy, with a hotch potch of subjects. In

the main, forms of treatment other than interpretive ones are neglected, although they are sanctioned in some sections of the book. Physical examination of impotent men is usually regarded as mandatory, but is consciously not performed by one author. On the positive side doctors in STD practice would do well to understand more about our own and our patients' feelings, and the book gives us a taste of this. There is a telling account of how a venereologist was frightened into inappropriately treating a rape victim with oxytetracycline. The patient was told there was 'pus on the cervix'. Exploration of the doctor's and

patient's feelings would have been more appropriate.

In summary, this book is a well presented account of the work of the IPM. That society's approach to sexual problems is in my opinion, however, not nearly eclectic enough. A venereologist considering undertaking sex therapy would be advised to read this book but also to learn about other treatment methods. With that proviso, I recommend that the book finds a place in every STD clinic library.

D Goldmeir

Notices

Symposium on skin and the nervous system

The third symposium on skin and the nervous system, entitled "New methods and advances in the study of skin innervation," is to be held from 24 to 29 March 1984 in Vienna, Austria. For further information, please contact: Professor W Gebhart Department II, University of Vienna, Vienna Medical Academy for Postgraduate Education, Alser Strasse 4, A-1090 Vienna, Austria (tel: (0222) 42 13 83).

Society for Cutaneous Ultrastructure Research

The 11th Annual Meeting of the SCUR will be held at Helsinki University, Finland, from June 17 to 20, 1984. Dermatologists, pathologists, and other interested scientific workers are invited to participate. For details and registration forms please write to: Dr Kirsti Maria Niemi, Secretary of the Organising Committee, Department of Dermatology, Helsinki University Hospital, Snellmaninkatu 14, Helsinki 17, Finland.

Infections of the Genital Tract

The Royal College of Pathologists is arranging a half day (2.00 to 6.00 pm) symposium on infections of the genital tract on Tuesday 17 April 1984 in London. The symposium is open to members of the college, trainee pathologists, and workers in disciplines associated with the subject.

For further information please contact: Christine Peddle, Scientific Meetings Secretary, The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF (tel: 01-930 5861).

International Conjoint STD Meeting—Preliminary announcement

to be held on 17-21 June 1984 in Montreal, Quebec, Canada

32nd General Assembly of the International Union against Venereal Diseases and Treponematoses in association with the:

American Venereal Diseases Association,
STD Division of Canadian Public Health Association,
Association of Medical Microbiologists of Canada,
Canadian Infectious Diseases Society,
Canadian Society for Tropical Medicine and International Health, and
L'Association des Medecins Microbiologistes de la Province de Quebec.

Information, registration forms, and abstracts forms obtainable from:

International Conjoint STD Meeting,
c/o Dr Richard Morisset,
739 Dunlop Street, Montreal,
Quebec, Canada H2V 2W5
(Tel: 514-737-9721)

Programme will include the epidemiology, community health and social impact,

pathogenesis, biology, diagnosis, management (treatment, follow up, prevention) of STD caused by *Neisseria gonorrhoeae*, *Treponema pallidum*, *Chlamydia trachomatis*, genital mycoplasmas, fungal and parasitic agents, viruses (including HSV, CMV, papilloma, hepatitis, etc), and enteric pathogens. Other subjects will include genital ulcers, STD in women (including vaginitis, urethral syndromes, STD in pregnancy, PID, and sterility), neoplasia and STD, STD in developing countries, and AIDS.

Abstracts to arrive by 15 February 1984 from delegates wishing to present papers. They should be typed on official forms in French or English. Papers accepted for verbal (12 minutes) or poster presentation will be printed and distributed at the start of the meeting.

Registration fees: CAN \$200.00, for spouse and family member \$75.00.

After 1 May 1984 \$250.00 for all.

Accommodation booked direct with:

Queen Elizabeth Hotel,
900 West, Dorchester Boulevard,
Montreal, Quebec, Canada H3B 4A5
(Tel: 514-861-3511).

Special flight fares from:

Always Travel,
c/o Norma Rohr,
1260 University, Suite 403,
Montreal, Quebec, Canada H3B 3J8
(Tel: 514-861-8295 or 861-2651).